

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$40,147.10 (per the Table of Disputed Services) for dates of service (dos) 07/23/01 through 07/24/01.
- b. The request was received on 07/16/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. UB-92
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 08/06/02. The Requestor did not respond per Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). There is no initial response or 14 day response in the dispute packet. The "No Responses Found" sheet is reflected as Exhibit II in the commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Statement on Table of Disputed Services "Total Charges Meet Stop Loss Factor".
2. No response from carrier.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dos eligible for review are 07/23/01 and 07/24/01.
2. The Provider billed the Carrier \$44,183.20 for the dos in dispute, per the UB-92.
3. The Carrier made a total reimbursement of \$11,068.85 according to the EOB.

4. The amount left in dispute is \$40,147.10 per the Disputed Services Table. However, this is not accurate according to the EOB. Also, per the itemized summary of charges, the provider indicates on the final page of the bill:

RECEIPTS, ADJUSTMENTS, ETC.	-30345.51
ESTIMATED INSURANCE DUE TML RISK POOL	13387.69
TOTAL	44183.20
TOTAL CREDITS	-30345.51
TOTAL DUE	13837.69
ESTIMATED INSURANCE COVERAGE	13837.69

Based on the above information, it is impossible to determine what reimbursement is due or whether the case meets the stop loss requirements.

5. The carrier denied the services: "M- NO MAR SET BY TWCC-REDUCED TO FAIR AND REASONABLE." It was noted that under the M denial for certain items, the carrier added additional clarification, such as, "INVOICE + 10%, or INCLUDED IN ANOTHER BILLED PROCEDURE."
6. There was no additional documentation received from the provider. There is no medical to determine what services were provided or any surgical reports to verify what implantables were utilized for this patient.

## V. RATIONALE

Medical Review Division's rationale:

The Medical Review Division is unable to determine what services were rendered or what services could be deducted such as personal items or those not related to the compensable injury. Also, based on the conflicting documentation submitted, it is not possible to determine the correct reimbursement. Therefore, additional reimbursement **is not** recommended.

The above Findings and Decision are hereby issued this 25<sup>th</sup> day of March 2003.

Carolyn Ollar  
Medical Dispute Resolution Officer  
Medical Review Division

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